

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

FILED-CLERK
U.S. DISTRICT COURT

2015 OCT 19 PM 12:28

TX EASTERN MARSHALL

INTELLECTUAL CAPITAL CONSULTING, LTD.

Plaintiff(s)

v

HYUNDAI MOTOR COMPANY et al.,

Defendant(s)

Civil Action No. 2:15-cv-00917-RWS-RSP

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Samsung Electronics America, Inc.
By and Through Its Registered Agent
The Corporation Trust Company
820 Bear Tavern Road
West Trenton, NJ 08628

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,

whose name and address are: Samuel K. Giles
INTELLECTUAL CAPITAL CONSULTING, LTD.
3160 W. 71st Avenue, Suite 307
Westminster CO 80030
p) 800.545.4290 ext. 100
e) skgiles@icapitalconsulting.com

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 9/14/15

CLERK OF COURT

C. Hinton

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Samsung Electronics America, Inc.
was received by me on (date) 9/19/2015

☐ I personally served the summons on the individual at (place) _____
on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other (specify)

I served the summons via certified mail.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 9/22/2015



SHADI ZAHEDI
Printed name and title

3160 W. 71st Ave. APT 307, Westminster, CO 80030

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>W. B. F. E. L.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Samsung Electronics America, Inc.</i> <i>c/o Gilliam & Smith LLP</i> <i>303 S. Washington Ave.</i> <i>Marshall, TX 75670</i></p>		<p>B. Received by (Printed Name) <i>W. B. F. E. L.</i></p> <p>C. Date of Delivery <i>9-24-15</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7015 1520 0002 3710 0372</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9403 0502 5173 6498 10</p>		<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	

Domestic Return Receipt